Hope Pharmacy for Low-Income Uninsured Patients

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FILL A PRESCRIPTION WITH HOPE

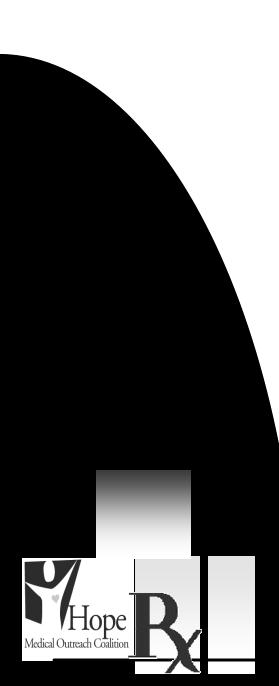
Uninsured Nebraska & Iowa

- ❖ 10 14% of population 673,884
- **4** 67,000 94,500
- 3 county Metro Area
 - Omaha, Nebraska
 - Council Bluffs, Iowa
- 6.7% of total area population is Hispanic/Latino and growing fast, largely uninsured.
- ❖ 32% minority

Hope Vision & Mission

A comprehensive community health network for low-income uninsured and underserved in the Metropolitan Area.

Coordinate health services for individuals that would otherwise go without.

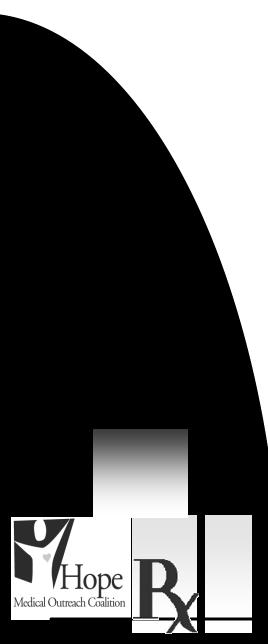


Hope Services

- Volunteers in Clinics
- Medical and Dental Specialty
 - Volunteer Referral Network
- Medical and Dental
 - Surgical Volunteer and Facility Network
- Pharmacy
- Interpreters
- Transportation
- Child Health
 - School sealants, dental care, asthma and obesity
- Technology Sharing Among Clinics

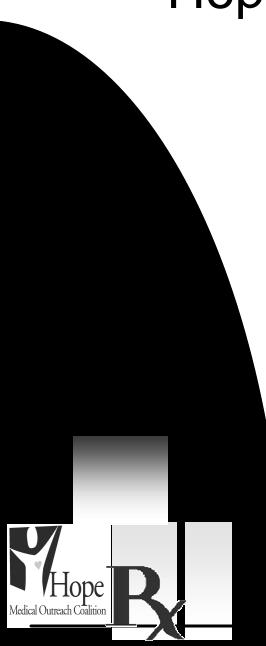
Pharmacy Principles

- Access to affordable medications
- A consistent and reliable source of medication
- Efficient pharmacy management
- Pharmaceutical care to improve patient outcomes
- Bi-lingual, English and Spanish
- Shared pharmacy for multiple clinics
- Dispensing fees



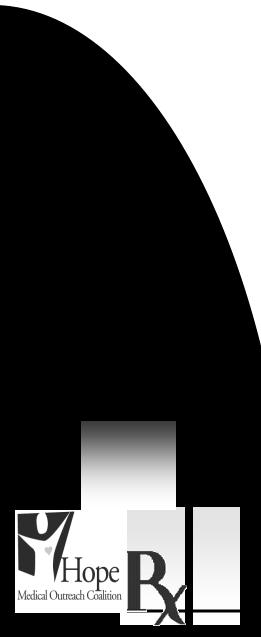
Hope Network Pharmacy

- Not open to the public
- Currently, must be a patient of specific clinics
- Clinics & Health Centers
 - One World Community Health Center (340B FQHC Hope is contract pharmacy)
 - Council Bluffs Community Health Center (340B FQHC Hope is contract pharmacy)
 - UNMC Family Health Care Center
 & Sharing Clinic (resident run)
 - Methodist Renaissance Clinic
 - Stephen Center MOBA Clinic
 - Other organizations
- Bilingual-English/Spanish



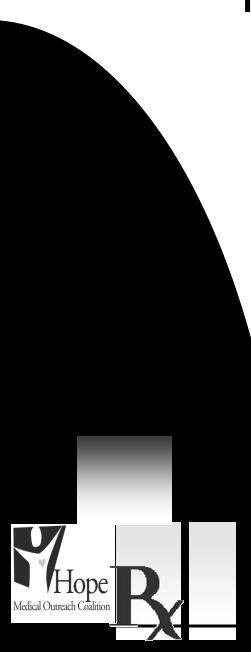
Hope Rx Programs

- Pricing Strategy
 - Pass savings on to patients
 - Flat dispensing fees, 30, 60, 90 days
 - Flat dispensing/admin fee MAP/PAP
- ❖ 3 Inventories
 - 2-340b inventories, 1 Hope
 - Inventory maintained in QS1 computer system
- "Central Fill" Pharmacy
 - Patients bring, providers fax or call in prescriptions
 - Patients pick up at Hope or Hope delivers to clinic for pick up by patient



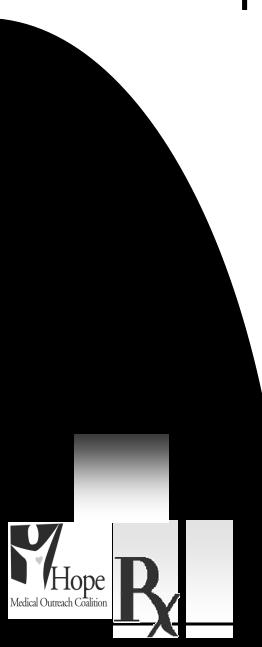
Hope Rx Programs

- Seek and manage grants to help support the cost of prescriptions
- Extensive use of generics
- Network formulary
- Therapeutic substitution
- OTC & Diabetic supply
- TB physician dispensing at one clinic
- ❖ Title X—Family Planning
 - Pharmacist Consultant
- Formulary and drug costs program for providers on palm pilots





- Effective use of Pharmacy Assistance Programs (Hope MAP)
 - Standard application form
 - Hope completes various company applications
 - Expensive chronic medications-MAP
 - Balance cost of enrollment vs. drug cost vs. MAP (PAP) orders.
 - MAP meds run through RxAssist/VIH
 - Electronic MAP and certain clinics run through pharmacy QS1 computer system
 - Bulk programs
 - Current network use of VIH with 3 clinics
 - Automatic re-orders

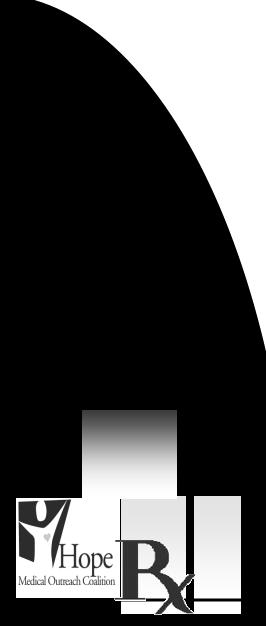


Hope Pharmacy Patients

- Federally Qualified Health Centers
 - All patients; however pharmacy does not currently take 3rd party and Medicaid
- Other Clinics
 - Low-income uninsured, not eligible for other assistance
- Organizations
 - As a payer source for 1 time medications
- Low-income—most at or below 200% of poverty; majority at poverty level



Hope Pharmacy Funding Sources



Federal

- HRSA HCAP
- BPHC Pharmacy Network grant
- Federally qualified community health centers

State & Local

- State Homeless Assistance Trust Fund
- Family Foundations
- Patients
- Health Systems
- Service Leagues, Clubs, Individual medication support donors
- Space, telephone & shelving donation

Hope Pharmacy PHS 340B Drug Program

- Created in 1992
- Provides discounts on outpatient drugs to covered entities
- Manufacturers that participate in Medicaid must also sign an agreement to participate in the 340B Drug Pricing Program



What are Covered Entities?

Certain types of health safety net providers defined by Congress in section 340B of the Public Health Service Act.

Categories of Covered Entities

- Community Health Centers
- Migrant Health Centers
- Health Centers for public housing
- Health Centers for homeless
- AIDS clinics
- Black Lung Clinics
- Hemophilia Treatment centers
- Native Hawaiian health centers
- Urban Indian clinic/638 tribal centers
- Title X family planning clinics
- STD clinics
- TB clinics
- Certain Disproportionate Share Hospitals



Local Covered Entities



- One World
- Charles Drew
- Council Bluffs
- Indian Health Services
 - Fred LeRoy Health and Wellness Center

DISH Hospitals

- Nebraska Medical Center
- Creighton University Medical Center; not eligible because of for profit status



340B Benefits

- ❖ Average savings 25-50%
 - for outpatient drugs
- Reduce price of drugs to patients
- Expand services offered to patients
- Increase number of sliding fee patients
- Prime Vendor-Wholesaler
 - Amerisource Bergan
 - Pricing changes





- Contracted pharmacy-federally qualified health centers
 - Purchase medication on the health center's behalf
 - Cannot dispense 340B drugs to patients who are not health center patients
 - Drug savings from the program are passed on to the patient

Patient Assistance Programs (PAPs)

- Programs available for most brand single source medications
- Manufacturer's set their own guidelines for their programs and vary considerably
- Different ways to access
 - Patient
 - Provider
 - Organization
 - Bulk
 - Product recovery



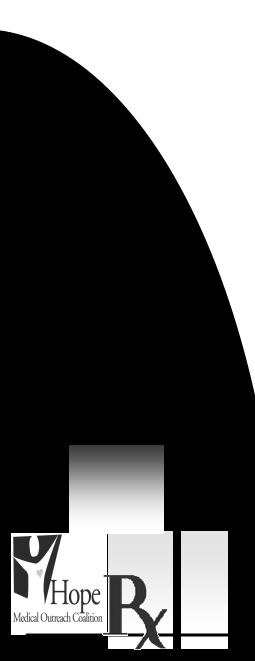
PAP guidelines

- ❖ Income, usually < 200% FPL.</p>
- Uninsured, some underinsured.
- Many accept non-citizens.
- Proof of Income usually required.
- Low Income Medicare-Senior Drug Cards.
- Provider must sign application and some need a prescription with application.





- Some Manufacturer's provide medication right away with vouchers at pharmacies
 - Glaxo Smith Kline
 - Pharmacia
 - Bayer
- Some electronic programs
- Most require 4-6 week processing time and send medication to provider's office



Bulk PAP Programs

- Instead of 4-6 week processing, approved organizations have product on-site for qualified patients
- AstraZeneca, Lilly, Ortho McNeil
- Pfizer-Share the Care, PAP run through community health centers with an on-site pharmacy

Samples, too much of a good thing?

- Provider may get patient started on a costly medication that the patient cannot afford to buy on their own, when a less costly drug could have been effective
- Patients changing from one medication to another depending on available samples



Hope Pharmacy Stats

- Pre-HCAP supported 2,000 prescriptions at local pharmacies at Medicaid rates
- HRSA HCAP September 2001
- Pharmacy opened June 2002
 - Volume 30/week in June 2002
 - Current volume 100 scripts/day
 - do not accept any third party
 - MAP/PAP volume \$600,000+ annual donated
- * 800 active patients in Hope MAP (PAP) programs
- Bulk programs with Astra Zeneca and Lilly



How did we get here?

- Private funds to being Hope MAP (PAP) 2001
- HCAP Support 2001
- Bureau of Pharmacy Affairs 2001
 - HCAP Technical Assistance
 - Commun-i-care Assistance
- Registration with OPA
 - 340b clinics
- Nebraska Pharmacy Board Support



More on getting there

- Pharmacy Board Consultation (and updates)
- Pharmacy Advisory Committee
- Basic logistics established
- Pro-forma Financial Review
- Hire passionate bi-lingual pharmacist
- Pharmacy License
- Inventory
- Pharmacist Hires Staff
- Constant Pharmacy Pro-forma updates, monthly billing, reporting



Resources

- Office of Pharmacy Affairs opa.gov
- Volunteers in Health Care volunteersinhealthcare.org
- Rx Assist http://www.rxassist.org
- NeedyMeds http://www.needymeds.com
- RxHope http://www.rxhope.com
- PhMRA http://www.helpingpatients.org
- Nebraska Resource Referral System http://www.answers4families.org/nrrs/



Resources



- The Medicine Program
 <u>www.themedicineprogram.com</u>
- We Care Medical Mall 800-380-MEDS (6337)
- The Patient Assistance Network www.patientassistancenetwork.org 202-595-1038



Hope Contact Information

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